PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				Customer No.: 23696 Attorney Docket No.: 990301 In Re Application of: Vassilovski and Tong Sertal Number: 09/698,526 Filod: October 26, 2000 Examiner: William H. Wood Group Art Unit: 2124 Action in the above identified application.			
Dear Sir:						apu	
Transmitted herev	vith for filing is a R	esponse to O	ffice Ac	tion in the abov	e identified application.	//T-	610
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For		(c) Extra Claims	Large Entity Fee	Fee Paid] 5'
Total*	20	20		0	x \$18=	\$0	
Independent**	8	8		0	x \$86=	\$0	1
Multiple Dependent Claim(s): Yes No					\$290	\$0	
EXTENSION FRES One Month Two Months Three Months				Month	\$110	\$0] .
				Months .	\$420	\$420	
				ee Months	\$950	\$0	1
TERMINAL DISCLAIMER					\$110	\$ 0	
olf the number in column a is less than 20, enter 0 in column a.					TOTAL FER	\$420	

	Res check in the amount of \$	is enclosed to pay for any claim and/or extension fees.
ł.	I Pes check in the amount of a	is enclosed to day for any claim altayor extension less.

6. M The Commissioner is further hemby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Signature:

Date:	May	27,	2004

QUALCOMM Incorporated Attn: Patent Department 5775 Morehouse Drive

San Diego, California 92121-1714 Telephone: (858) 658-5787 Facsimile:

(858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

Signature

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: Stacy Dumrauf

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(TRANSAMD. VER1.13-04/30/04)

^{5.} Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$420. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.